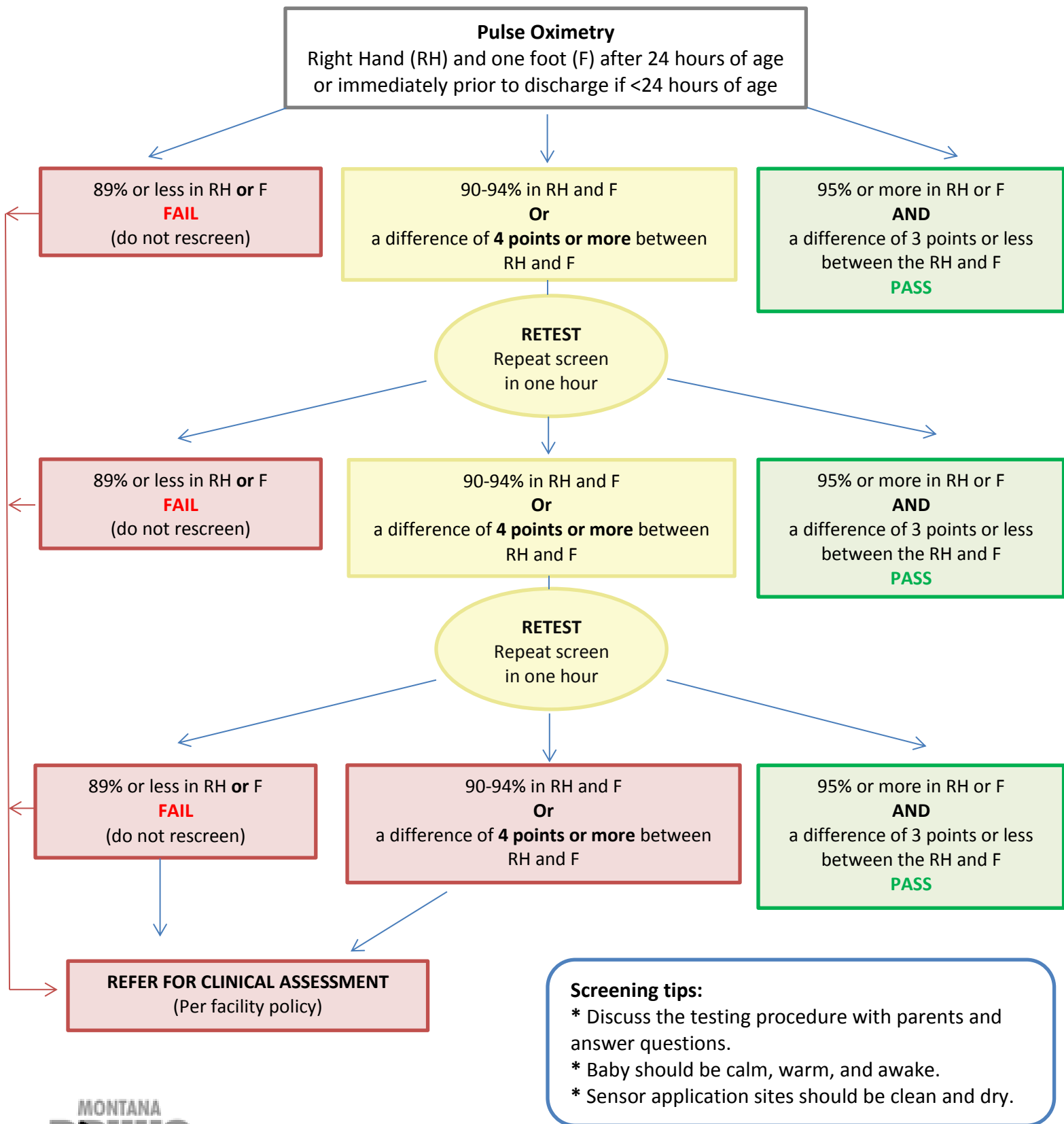


# Montana Newborn Screening Program

## Critical Congenital Heart Disease Screening Protocol



# Pulse Oximetry Screening for Critical Congenital Heart Disease (CCHD)

## Quick Reference Guide

### Screening Basics:

- ♥ Screen all babies in well baby or intermediate care nurseries per the recommended algorithm\*. Babies hospitalized for neonatal intensive care are required to be screened per facility policy.
- ♥ Optimal timing for screening is between 24-48 hours of age. **However, infants older than 48 hours of age who have not previously been screened should not be excluded.** Infants under 24 hours of age are more likely than those over 24 hours of age to receive a false positive result.
- ♥ The infant should be on room air, calm, warm, and awake.
- ♥ The pulse oximeter used must be approved by the FDA for use in newborns and be motion tolerant.
- ♥ Education regarding the importance of screening, the screening procedure, and the meaning of results must be provided to the infant's family.
- ♥ **Screening is not a replacement for careful clinical practice, evaluation, or intervention and will not detect every baby with a heart defect.**
- ♥ The full screening protocol, administrative rules, and educational resources can be accessed at: <http://dphhs.mt.gov/publichealth/cshs/NewbornScreeningPrograms/CriticalCongenitalHeartDiseaseScreening/CCHDProviderResources>

\*see back of this sheet or go to the link above

### Reporting Basics:

- ♥ Report results to DPHHS in conjunction with reporting of hearing screening results.
- ♥ If pulse oximetry results are out of range, fax a Failed Screen Report Form to 406-444-2750.
- ♥ If a parent declines screening, a signed waiver must be faxed to 406-444-2750.
- ♥ Reporting tutorials and forms can be found at: <http://dphhs.mt.gov/publichealth/cshs/NewbornScreeningPrograms/CriticalCongenitalHeartDiseaseScreening/CCHDProviderResources>

### Out of Range Screen Follow Up:

- ♥ Out of range screens should be referred for a complete physical examination by the newborn's primary care provider.
- ♥ It is recommended that the primary care provider seek consultation with a Neonatologist or Pediatric Cardiologist to determine what additional testing may be indicated.
- ♥ Conditions other than CCHD which cause hypoxemia may be detected.